



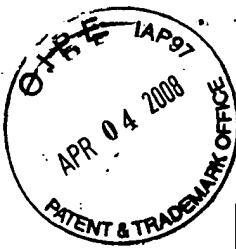
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2008		Application Number	10/523,802-Conf. #6177
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 9, 2005
TOTAL AMOUNT OF PAYMENT (\$) 1,560.00		First Named Inventor	Mathias Locher
		Examiner Name	K. L. Brooks
		Art Unit	1616
		Attorney Docket No.	42804-212835

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u>			Deposit Account Name: <u>Venable LLP</u>		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____	= _____	x _____	= _____	Fee (\$)	Fee Paid (\$)	_____	_____
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____
_____	= _____	x _____	= _____	HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50 = _____	(round up to a whole number) x _____		= _____	Fees Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Notice of appeal \$510.00							
Petition for Extension of Time 1,050.00							

SUBMITTED BY							
Signature	<u>L. S. Hobbs</u>		Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000	
Name (Print/Type)	Ann S. Hobbs				Date	April 4, 2008	



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/523,802-Conf. #6177
Filing Date	February 9, 2005
First Named Inventor	Mathias Locher
Art Unit	1616
Examiner Name	K. L. Brooks
Attorney Docket Number	42804-212835

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TCM (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Notice of Appeal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Ann S. Hobbs		
Date	April 4, 2008	Reg. No.	36,830